

Idaho Substance Abuse Treatment and Recovery Support Services

Direct any and all questions, or concerns to:

Consent for Participation in Federal Data Collection

The Federal Center for Substance Abuse Treatment utilizes data collection to measure client progress in recovery and to measure treatment and recovery support system performance related to client access to, capacity of, and retention in Idaho's publicly funded treatment system.

To protect your confidentiality, data collection is tracked by the Federal Center for Substance Abuse Treatment and its contracted data collection agents, using a unique client identification number in lieu of name and social security number.

The one reasonably foreseeable risk for the client is Breach of Confidentiality due to failure of firewall and security measures in place to ensure confidentiality.

Data will be utilized for the following purposes:

1. For program audit and research including follow-up surveys complying with the Federal Government Performance and Results Act (GPRA);
2. For monitoring compliance in the program.

I, _____ (Print Program Participant's Name), have been informed of the reasons for Federal Data Collection, confidentiality measures implemented, purposes for which data is to be utilized and potential risk associated with participation. **I voluntarily authorize** disclosure of personal substance abuse treatment and recovery outcomes data to the Federal Center for Substance Abuse Treatment and its contracted data collection agents. Further, I consent that my records may be reviewed by independent peer reviewers, contract monitors or researchers appointed by the Idaho Department of Health and Welfare. I understand that no information will be provided to sources other than those specified above without my written consent, or are otherwise mandated by law.

This consent for participation may be revoked at any time either orally or in writing, except to the extent that action has already been taken in reliance on it. Unless revoked as stated above, this consent expires automatically on: _____.

Client Name (printed)		Witness Name (printed)	
Client Signature	Date	Witness Signature	Date
Parent/Guardian (printed)		Parent/Guardian Signature	Date

PROHIBITION ON REDISCLOSURE OF INFORMATION CONCERNING CLIENT IN ALCOHOL OR DRUG ABUSE TREATMENT STATEMENT. This information has been disclosed to you from records protected by Federal confidentiality rules (42 C.F.R. Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 C.F.R. Part 2. A general authorization for the release of medical or other information is **NOT** sufficient for this purpose. The Federal Rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.